**Professional Summary:**

* 6+ years of extensive and diversified experience in quality assurance of Software Development Life Cycle (SDLC) specializing in Quality Assurance Process and Methodologies.
* Extensively worked as a Quality Assurance and Test Engineer, understanding responsibilities in QA plan formulation, developing project plans, communication plans and implementation.    
  Experience in Grouping of Test Cases, Test Methods and Test Suites for regression and functional testing.
* Extensive experience in Test Life Cycle.
* In-depth knowledge of all QA Phases that include Manual, Functional, System, Integration, End-to-End testing.
* Effort Estimation during all cycles of release like Feature, Unit, System, Integration, Regression and Report Testing.
* Demonstrated excellence in creating and developing test Plan, test cases & test data.
* Experience in manual testing with expertise in White box, Black box Integration, regression functionality, User Interface (UI) and Performance testing.
* Tested web services by generating XML SOAP requests and validated the corresponding XML SOAP responses.
* Good understanding of health insurance policies like HMO and PPO and proven experience with HIPAA 4010 EDI transaction codes such as 270/271(inquire/response health care benefits),276/277(Claim status), 834(Benefit enrollment), 835(Payment/remittance advice), 837(Health care claim).
* Good understanding of databases, SQL queries and environments.
* Experience as a Subject matter expert for care management activities and Health Rule Care Manager.
* Experience of 837 Claim Routing, 835 Remittance, payment, and 834 Membership.
* Understanding of translating user requirements into Technical specifications and mapping the process design, work flows for SDLC with documenting, managing business requirements.
* Experience in Designing Test plans, Test Cases, and Test Scripts.
* Involved in SOAP and REST API based web services testing using SOAP UI PRO Web services testing tool.
* Experience working with HealthCare Applications Facets.
* Experienced in client-server and web application testing.
* Extensive knowledge of IDX, Facets, QNXT, Health edge, HPS, and/or other administrative systems within the health plan insurance industry.
* Substantial experience in Sanity and Smoke Testing of applications before testing effort of UAT and Regression Testing of applications.
* Experience of Web Services, SOAP and REST API Testing using Restful API and SoapUI.
* Expertise Back-End Testing by writing SQL Queries and validating the database using SQL joins, Unions and Stored Procedures on ORACLE and MS-SQL SERVER.
* Used Agile-testing methodology for achieving deadlines in UAT.
* Experienced with claims lifecycle process and good understanding of EDI 270, 271, 837, 276, 278, and 835 in compliance with HIPAA standard.
* Experience testing variety of applications such as Client/Server, Windows, and Web based applications, SOAP, Rest services.
* Experience with WSDL, SOAP, Web services, XML Schemas
* Performed acceptance testing on membership and claims module.
* Possesses excellent skills in Bug Reporting using Test Director
* Extensive experience in Client/Server by performing Smoke Testing, System Testing, Functionality Testing, Integration Testing, Regression Testing and GUI Testing.

**Technical Skills:**

**Test Reporting Tools**: Quick Test Professional (QTP), Quality Center/ALM

**Languages:** Visual Basic, XML, HTML, DHTML, .Net Framework

**Operating System:** Windows 95/98/NT/2000/XP, UNIX

**Databases:** SQL Server, MS - Access, Oracle, and DB2

**Others:** UML, SDLC: Agile Methodology, Rational Unified Process (RUP), Waterfall model

**Other tools:** MS Office, MS Vision, Rational Requisite Pro, MS Visio, Rational Rose, Microsoft Project, Job Manager, SQL Server Management Studio, XML

**Professional Experience:**

**Coventry Health Care, Downers Grove, IL Nov 2018 – Present**

**Sr. QA Tester**

It was migration project of Coventry Health Care which was called Workers’ Compensation applications. The project involved converting new and existing clients from PowerTrak system into the Bill Review (BR4) system. The conversion was needed to process Workers’ Compensation insurance claims/bills for all the clients currently using PowerTrak system.

**Responsibilities:**

* Conducted GAP analysis and filling gap according to the format set by HIPAA.
* Involved in FACETS Implementation, involved end to end testing of FACETS Billing, Claim Processing and Subscriber/Member module.
* Involved in validation of the data in 837 transactions in accordance to companion guide.
* Responsible for customer interface, requirements definition, general and detailed design, testing, maintenance and training programs and managed requirements using Rational Requisite Pro.
* Using Facets for various health insurance areas such as enrollment, member, Products and other FACETS related modules
* Worked with providers and Medicare or Medicaid entities to validate EDI transaction sets or
* Internet portals. This includes HIPAA; 837, 835, 270/271, and others.
* Performed Black Box testing and conducted Functionality and Regression testing on various phases of the Management software.
* Conducting business validations, coveting the following deliverables: Facets Providers, Facets Claims adjudication and Facets Membership and Operational reports.
* Analysed the mainframe Reports for Member/Eligibility/Claims/Billing and mapped the fields with Facets batch jobs and reports.
* Worked on EDI transactions: 270, 271, 834, 835, and 837 (P.I.D) to identify key data set elements for designated record set. Interacted with Claims, Payments and Enrollment hence analyzing and documenting related business processes.
* Worked as a QA member in web portal development project in an Agile environment.
* Worked on project life cycle and Agile SDLC methodology.
* Validated various EDI transactions like 837I, 837P, 276/277, 270/271.
* Participated in entering, tracking system defects in Quality Center.
* Performed Functionality Testing, GUI Testing, Systems Testing, Integration Testing, Black Box Testing, User Acceptance Testing, and Regression Testing of Client/Server, Web based applications and Web portal applications.
* Responsible for Processing claims using EDI 835, 270/271, 278, 837.
* Involved in SOAP and REST API based web services testing using SOAP UI PRO Web services testing tool.
* Worked on different EDI transactions like 837 for submitting claims, 835 for payments, 834 for benefit enrollment, and 820 for premium payments to insurance products, 270/271 for Eligibility inquiry, and 276/277 for claims status.
* Involved in testing the conversion of the application into web application using XML web services.
* Worked on the EDI 834-file load to Facets. Worked on solving the errors of EDI 834 load to Facets.
* Interacted with the technical team for the 837 claims transactions design.
* Claims processing and 837 Claim transactions
* Analysed and worked with Facets for claims, member enrollment, billing transactions.
* Interacted with users for verifying User Requirements, managing Change Control Process, updating existing Documentation.
* Used Quality Center for updating the status of all the Test Cases &amp; Test Scripts that are executed during testing process.
* Also verified the test scripts before manual execution if they cover all the aspects of rate and quote details according to State Medicaid and Medicare Policy coverage selection.
* Established traceability matrix using Rational Requisite Pro to trace completeness of requirements in different SDLC stages.

### Independence Blue Cross - Philadelphia, PA Sep 2017 – Oct 2018

### QA Analyst

Independence Blue Cross is a leading provider of products and services supporting the healthcare industry. I worked on the Precertification Rationalization Project whose main goals was (i) reduce the many product based precertification requirement list into one consolidated list (ii) provide administrative relief to RNs in the CMC department who were previously inundated with pending authorization requests. I was also involved in modules: Pre-pricing claims, Claims Adjudication, Claims Payment and Claim Adjustments.

**Responsibilities:**

* Analyzed and developed Test Plan, Test Cases, Test Scripts, Expected Test Results and Test Procedure from functional requirement for each module.
* Performed Functional testing, Regression testing and UAT testing using Power MHS.
* Worked on HIPAA Transactions and Code Sets Standards according to the test scenarios such as 834, 837, 270/271 and 276/277 transactions.
* Extensively worked on the Subscriber/Member module and Provider module in Facets to perform End to End testing of EDI 834 files. Plus worked deeply on EDI transactions 837 and 834 to create data, move data from database to Data warehouse using ETL process (log Shipping process) and using data from warehouse for BI Reporting.
* Validated Professional and Institutional Claims, Process and Adjudicated Claims according to test scenarios.
* Performed Back-End testing manually for database integrity using SQL statements on UNIX platform.
* Worked on the EDI 834-file load to Facets through MMS (Membership maintenance sub-system.
* Used the Rational Unified process methodology for the application development and created Use cases, activity diagrams and drafted UML diagrams using MS Visio
* Tested HIPAA regulations in FACETS HIPAA privacy module.
* Validated Claims process using Facets
* Collaborate with the offshore team in preparing UTCs for Test Runner Tool for testing bulk number of test cases in Health edge.
* Worked on solving the errors of EDI 834 load to Facets through MMS. Created keyword files to have member data bulk loaded into the FACETS system through the MMS batch
* Worked on EDI X 12 transaction set 837 I/P/D, 834,276/277 feeds to allow for change in the claim number
* Involved in web services testing and validating the xml.
* Tested developed websites prior to rollouts for usability and functionality.
* Set Claim processing data for different FACETS Module.
* Utilizing HP ALM software to track test results and defects, and SQL to execute calls in Sybase environment.
* Involved in preparing Test Data for different EDI transactions like 837 for submitting claims, 835 for payments, 834 for benefit enrollment, and 820 for premium payments to insurance products, 270/271 for Eligibility inquiry, and 276/277 for claims status.
* Assisted the development team during the second and third iteration using the RUP model
* Developed design Specification writing Test report s and documenting Test results
* Used RUP to create use cases, activity, class diagrams and workflow process diagrams
* Analyzed the FACETS Requirements and conducted gap analysis.
* Tested and validated the database tables using SQL queries and Stored Procedures and performed Data Validation and Data Integration.
* Involved in FACETS Implementation, involved end to end testing of FACETS Billing, Enrollment Claim Processing and Subscriber/Member module.
* Developing suitable solutions and custom inputs for testing using API services and SOAP UI
* Performed Back-End Testing to check database integrity by writing SQL queries
* Involved in analysis and risk assessment of EDI transaction sets based on a 834 companion guide.
* Analyzed, documented and managed all EDI requirements and changes to requirements throughout the software development lifecycle
* Conducted interviews and workshops for soliciting customer requirements
* Tested and validated the database tables using SQL queries.
* Performed Test execution and wrote and executed Test scenarios/Test Scripts
* Tested and managed the XML files of the Claims.
* Tested and Validated Request and Response of XML using SOAP UI.
* Performed Functional and GUI testing on Facets Billing, Customer service and Subscriber application under Facets.
* Tested web services by generating XML SOAP requests and validated the corresponding XML SOAP responses.
* Tested the claims (837s) processing application (Facets) for any defects.

### Medco Health Solutions - Blue Bell, PA Aug 2016 – Jul 2017

**QA EDI Analyst**

Medco is a leading pharmacy benefit manager (PBM), with the nation's largest mail order pharmacy operations. Through advanced pharmacy, Medco improves the health and lowers the total cost of care for clients and their members. The project with Medco involved working in the claims interface group to develop and implement EDI applications as per HIPAA implementations under the coordination of benefits agreement, developing and modifying EDI transaction sets (834/835, 270/271, 276/277).

**Responsibilities:**

* Developed Test Conditions and Test Cases based on Business Requirement Document, System Requirement Specifications and Functional documents.
* Extensively worked on EDI 834,835, 270/271, 276/277, & 997 processes.
* Extensively worked on QA planning, coordination and implementation of QA methodologies.
* Created test cases in Test Plan module of Quality Center and executed the cases through Test Lab of Quality Center.
* Member of User Acceptance and Integration testing.
* Created Requirements Trace ability Matrix (RTM) in order to map the requirements to the test cases in Quality center.
* Tested SOA web services.
* Executed Test cases by Pass/Fail criteria in Test Lab by attaching Actual and Expected results through MS-Excel/MS-Word in Quality Center.
* Developed and implemented EDI applications to process Health Care transactions as per the HIPAA implementation
* Logged defects in HP ALM and verifying all the cycles of the defect that I am responsible for.
* Performed UAT, Positive, Negative and Boundary testing using the approved test cases.
* Involved in creating test cases for regression testing and assist test lead during the testing activities.
* Tested SOAP request and response in XML format using SOAP UI.
* Analyze test cases and defects being loaded in HP ALM by QA teams to ensure the link entities and accuracy of data.
* Tested all developed websites for functionality and efficiency from an end-user perspective.
* Validate EDI Claim Process according to HIPAA compliance. Tested HIPAA regulations.
* Ran the SQL queries for checking the data stored in the database.
* Performed Backend testing by extensively using complex SQL queries to verify the integrity of the database.
* Tested HIPAA EDI Transactions and Code Sets Standards such as 837/835 and 834 transactions.
* Involved in the full HIPAA compliance lifecycle from GAP analysis, mapping, implementation, and testing for processing of Medicaid Claims. Worked on EDI transactions: 270, 271, 834, 835, and 837 (P.I.D) to identify key data set elements for designated record set.
* Interacted with Claims, Payments and Enrollment hence analyzing and documenting related business processes.
* Responsible for REST API testing using SOAP UI
* Conducted Smoke Testing of different Applications using SOAPUI.
* Performed back-end testing using SQL queries to validate data and perform Data integrity testing.
* Data mining on defects, test cases, requirements as required by the team.
* Tested each web services using SOAP messages
* Conducted User Acceptance Testing (UAT).
* Modified test scripts created by the system test team to meet UAT needs
* Supported User acceptance testing (UAT) in preparing the test scripts and test execution.
* Getting updates and working with project team members for issues captured through metrics reporting.
* Documented and reported bugs using HP ALM.

### United Healthcare - Hartford, CT Jun 2014 – Jul 2016

### Quality Tester

United Healthcare is a unit of the United Health Care Corporation. I worked in the claims department and was mainly involved in the testing of their online system for members. They could use this system to access the personal benefits and claims information. They could find personal physician and health care providers using this system.

**Responsibilities:**

* Developed Test Plans, Test Cases for the test.
* Involved in HIPAA/EDI Medical Claims Analysis, Design, Implementation and Documentation
* Involved in HIPPA Complaint X12N837 Transaction testing.
* Developed and implemented EDI applications to process Health Care transactions as per the HIPAA implementation.
* Wrote SQL Queries for Back End Testing.
* Conducted Black Box Testing on the application and validated the dataflow in the application.
* Involved in preparing the Test Scenarios for Health Care Claim Payment/Advice.
* Develop User Acceptance Test (UAT) scenarios and test cases to verify business functionality within the MMIS for Claims, Drug Rebate, Health-Check, Pend Resolution, and Provider subsystem.
* Used Agile Methodology in the process of the project management based on SDLC.
* Tested HIPAA EDI Transactions and Code Sets Standards such as 837, 835, 834, 276/277 transactions.
* Coordinated with the developers and IT architects to design the interface of the new system according to the X12 (270, 276, 278, 834, 835, 837 (I, P, D) and 820) standards.
* Acknowledged HIPAA rules and regulations during Electronic Data Interchange (EDI) and also ensured that the development team kept up with it.
* Managed the User Acceptance Testing (UAT) for the implementation of Facets Extended Enterprise administrative system with emphasis on ensuring that the HIPAA regulations are met across all the modules.
* Tested SOAP request and response in XML format using SOAP UI.
* Extensively used SQL for data integrity testing at the backend.
* Worked with FACETS edits and EDI HIPAA Claims (837/835/834) processing.
* Worked with Claims, enrollment, eligibility verification for members and providers, benefits setup, fee schedules and backend payment cycle in claim processing system.
* Extensively performed Manual Testing process to ensure the quality of Web Applications software
* Performed Sanity and Smoke Testing of the application manually after each build.
* Involved in testing Web services (SOAP and REST) and XML with tool called 'SOAP UI' for the local WSDL with URL and created Test cases, run them, do load testing, security testing.
* Performed SQL query on databases using SQL server.
* Created traceability matrix between requirements and test case for each round of testing using HP ALM/Quality Center.
* Involved in project using SoapUI and run request with input XML to receive a response XML for the request sent.
* Used Jira, confluence to store test cases and upload the results back to Confluence.
* Performed the Back-end testing in Database tables, in mainframe environment, by writing and executing SQL-Queries.
* Validated the date from EDI transaction in the front end as well as back end.
* Ran the SQL queries for checking the data stored in the database.
* Performed Backend testing by extensively using complex SQL queries to verify the integrity of the database.
* Created and maintained test strategies, test plans, test cases, and product release reports for small projects or components of larger projects in Confluence, and Jira

**AETNA - Portland, ME May 2013 - Apr 2014**

**Quality Tester**

Aetna is the 3rd largest leading insurance provider in health care, dental, pharmacy, group life, disability, long-term care insurance and employee benefits. Aetna is engaged to develop Work ability (WKAB) an Absence Management System. WKAB is a Web based application that can take all the information to setup a client with different products like STD, LTD and FMLA to generate scripts and tasks for the selected product. It also maintain claims and members, and plan date for STD, LTD and FMLA and other benefits.

**Responsibilities:**

* Involved in and Manual Testing of the application.
* Developed and executed Test Cases for different business scenarios.
* Coordinated with the developers and IT architects to design the interface of the new system according to the X12 (270, 276, 278, 834, 837 (I, P, D) and 820) standards.
* Involved in testing EDIs according to code set X12 835 Claim Payment &amp; Remittance Advice.
* Claims processing and 837 Claim transactions.
* Tested web services by generating XML SOAP requests and validated the corresponding XML SOAP responses.
* Completed HIPAA X12N EDI QA testing of 834 Enrollment transactions for Employer Health Plans. Utilized CLAREDI testing/certification software
* Tested 837/ 835, 820, 270/271, 276/277 transactions with File Aid.
* Conducted Backend testing, writing extensive SQL queries.
* Developed a System Test Plan for the 834 Enrollment transaction - Inbound / Outbound (included test scenarios, test cases and test scripts). Utilized Extol EDI mapping translator
* Testing the web services for the accurate functionality of the system using Soap UI
* Extracted data by running SQL queries, and analyzed securities, financial and customer metadata that gets populated on the web application
* Performed some back end testing using SQL Queries by connecting to the database server.
* Extensively executed SQL on Data Base to download Data from DB2 (Mainframe) to Test environment in Data Bases (Oracle).
* Developed automation scripts in QTP to automate smoke and regression testing.
* Performed Backend Testing by using SQL Queries.

**Education:**

* MS-Information Tech, Southern Arkansas University